



## BRIGHTON GIRLS CAMP 2021 Signature Form

Stake \_\_\_\_\_

Ward \_\_\_\_\_

Camper \_\_\_\_\_

Bunkmate \_\_\_\_\_

**Bishops & Ward YW Leader:** Your signature is an acknowledgement that this young woman will be participating in Brighton Camp. If you have any concerns or pertinent information to discuss, please contact Brighton Girls camp as soon as possible.

Bishop (Name/Signature): \_\_\_\_\_

Bishop Cell Phone: \_\_\_\_\_ Ward Unit #: \_\_\_\_\_

Ward YW Leader (Name/Signature): \_\_\_\_\_

### Policy information and Consent: *(Please read and sign below.)*

My daughter and I acknowledge that we have read the **“Brighton Policies for Campers and Parents”** and that we agree to abide by polices as outlined. **We understand that failure to abide by safety and behavior policies may result in parent contact and picking up your daughter early from camp.**

1. I understand that Brighton Camp provides a five-day program. Daily coming and going from camp is not permitted. I will plan for my daughter to attend the entire week, barring an emergency (see Information and Policies). If unable to attend with my group, I understand I may attend where space is available.
2. If unable to attend after the fee has been paid, I understand that **NO REFUNDS** are given by Brighton.
3. I understand that all campers must be able to provide “self-care” and manage their own prescriptions and medical conditions. Brighton provides basic first aid. Staff are not licensed to administer prescription medications (insulin injections) or oversee use of medical equipment. Brighton provides a double-locked area for medications storage. I confirm that my daughter can manage her own health conditions and medications as needed at camp. If her needs are beyond basic first aid at camp, I understand she will be returned home.
4. **I understand that there are no licensed medical staff residing at Brighton.**
5. In the event of a medical need, I authorize Brighton affiliates to administer approved OTC medications and/or emergency medical treatment to my daughter and act in my stead in approving urgent care. This authorization shall also cover travel to and from camp. In the event of serious illness or injury, every attempt will be made to reach emergency contacts at the phone numbers provided on her registration. I give my permission to allow Brighton to arrange transport if necessary and agree to send an adult family member to meet her at the facility. I hereby waive any and all claims against or liability of Brighton Girls Camp and its officers, staff, and The Church of Jesus Christ of Latter-Day Saints.
6. I give permission for appropriate photographs and/or video to be taken of my daughter while participating in program activities at Brighton. These may be used for information and publicity for Brighton Girls Camp.
7. I give my permission for my daughter to participate in the activities at Brighton, which include physically challenging activities such as hiking, rappelling, a zip-line, and obstacle courses. All campers are expected to participate in such activities as able.
8. ALL campers are expected to remain with and manage themselves in group settings. Brighton staff cannot provide one-on-one attention for campers with certain behavioral or developmental needs. Please contact our medical committee member to discuss if specific needs are appropriate for Brighton Girls Camp.
9. **I have read and agree to abide by the guidelines outlined in the “For the Strength of Youth” pamphlet.**

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_